

THE COMMISSIONED CORPS OF THE UNITED STATES PUBLIC HEALTH SERVICE

The public health agencies of the Department of Health and Human Services (HHS) represent the principal health agencies of the Federal government and oversee some of the largest public health programs in the world today. The health agencies of the Public Health Service (PHS) can trace their origins to President John Adams, who first recognized the Federal government's role in protecting and assuring the health of its people. Since then, the health agencies of the PHS have evolved and expanded as the needs of our Nation have changed.

Providing a cadre of health professionals to meet many of the needs of the PHS, the commissioned corps was established in 1889 when Congress officially organized the commissioned corps along military lines, with titles and pay corresponding to Army and Navy grades. Officers are currently commissioned in 11 professional categories representing the breadth of healthcare professionals. The categories include the following:

!	Physicians	
!	Dentists	
!	Nurses	* The Health Services category includes the
!	Engineers	following disciplines:
!	Scientists	
!	Environmental Health Officers	Social Workers, Podiatrists, Optometrists, Physician
!	Veterinarians	Assistants, Healthcare Administrators, Computer
!	Pharmacists	Scientists, Medical Technologists, Dental Hygienists,
!	Dietitians	Medical Records Administrators, Statisticians, and
!	Therapists (Physical, Occupational, Speech, Audiology)	others.
!	Health Services Officers *	

Missions of Service to the Nation

For nearly two centuries, the PHS has worked toward a single goal . . . *improving and advancing the health of our Nation's people*. Within that framework, the mission of the commissioned corps is to provide highly-trained and mobile health professionals who carry out programs to promote the health of the Nation, understand and prevent disease and injury, assure safe and effective drugs and medical devices, deliver health service to Federal beneficiaries, and furnish health expertise in time of war or other national or international emergencies.

To accomplish these missions PHS programs are designed to:

- ! Help provide healthcare and related services to medically underserved populations: to Americans, American Indians and Alaska Natives, and to other population groups with special needs;
- ! Prevent and control disease, identify health hazards in the environment and help correct them, and promote healthy lifestyles for the Nation's citizens;
- ! Ensure that drugs and medical devices are safe and effective, food is safe and wholesome, cosmetics are harmless, and that electronic products do not expose users to dangerous amounts of radiation;
- ! Conduct and support biomedical, behavioral, and health services research and communicate research results to health professionals and the public; and

! Work with other nations and international agencies, on global health problems and their solutions.

A History of Dedication, Service, and Commitment

Ranging from the early, tentative investigations started in the Hygienic Laboratory, the Nation's first health research facility, to the world-renowned research laboratories at the National Institutes of Health, PHS health professionals have earned a reputation as aggressive, inventive researchers and clinicians in the never-ending battle against disease and human suffering.

From smallpox to Acquired Immune Deficiency Syndrome (AIDS), the PHS has been on the leading edge, battling diseases and their causes. PHS health professionals have participated in work that has produced the global eradication of smallpox; the near eradication of measles in the U.S.; the identification of the health consequences of cigarette smoking; the development of effective treatment modalities for cancer and heart disease; the reduction of incidence and mortality in many forms of cancer; major advances in preventing environmental and occupational health problems; the elucidation of the etiology of AIDS, Toxic Shock Syndrome, and Legionnaires' Disease; and a greater understanding of the genetic basis of disease processes. Although these achievements have received wide public recognition, the extent and diversity of PHS accomplishments are much broader, for example, as in developing basic research understanding which will provide the basis for future clinical advances.

However, without the selfless efforts of thousands of PHS health professionals, both civil service and commissioned corps, the PHS would have been less successful. Perhaps some of the most important—and least heralded—of these health professionals are the primary care professionals; those individuals who provide healthcare to underserved populations. From inner-city clinics to remote, rural health centers and hospitals on Indian reservations, these health providers have treated many disadvantaged patients who literally had nowhere else to go. Contributions by PHS health professionals have enabled the Indian Health Service to overcome significant environmental and disease problems and raise the health status of American Indians and Alaska Natives.

Health Agencies of the HHS

Eight of the Operating Divisions (OPDIVs) of HHS comprise the health agencies of the HHS. The range of their activities is enormous, from direct healthcare to administration of major health programs, and their work affects not only the health of the citizens in the U.S. but also citizens in many countries around the world. The eight health agencies of the HHS are:

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| ! Agency for Healthcare Research and Quality (AHRQ) | ! Agency for Toxic Substances and Disease Registry (ATSDR) |
| ! Centers for Disease Control and Prevention (CDC) | ! Food and Drug Administration (FDA) |
| ! Health Resources and Services Administration (HRSA) | ! Indian Health Service (IHS) |
| ! National Institutes of Health (NIH) | ! Substance Abuse and Mental Health Services Administration (SAMHSA) |

In addition, OPDIVs of the HHS include: the Administration on Aging, the Administration for Children and Families, the Health Care Financing Administration, the Office of Public Health and Science, and the Program Support Center.

Personnel Systems

The health professionals carrying out the missions of the health agencies are employed in one of two career personnel systems—the civil service system or the **PHS Commissioned Corps**. The system an individual enters depends upon a number of factors—the type of assignment, the needs of the program in which the assignment is located, and the health professional's personal interest and desires, training, and experience. Both systems offer attractive working conditions

and benefits.

Commissioned corps benefits are similar to those provided to officers in other Uniformed Services, including a similar system of base pay, quarters allowance, and subsistence allowance. In addition, medical, dental, nurse, optometry, engineer, scientist, and veterinary officers *may be* eligible to receive one or more special pays.

All initial appointments are to the Reserve Corps, and all reserve officers serve a 3-year probation period. Commissioned officers are subject to assignment wherever they are needed throughout HHS. In addition to serving in any of the Departmental OPDIVs mentioned earlier, PHS officers may be detailed to the Federal Bureau of Prisons, Environmental Protection Agency, Health Care Financing Administration, Immigration and Naturalization Service, National Oceanic and Atmospheric Administration, National Park Service, District of Columbia Commission on Mental Health Services (formerly St. Elizabeths Hospital), U.S. Coast Guard, and U.S. Marshals Service.

The commissioned corps strongly believes in the importance of continuing education and advanced training for professionals in the scientific and health disciplines. Corps health professionals are encouraged to seek training opportunities that will enhance their skills, knowledge, and abilities. Participation in professional associations and attendance at professional meetings is strongly encouraged.

Student Opportunities

The commissioned corps offers two excellent opportunities for students in commissionable health-related categories throughout the academic year through the *Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP)* and *Senior COSTEP (SRCOSTEP)*. Both programs are highly competitive and are available for all commissionable categories based upon the current and future needs of the health agencies of HHS or other programs using PHS officers.

JRCOSTEP allows students to serve in assignments at any time during the year for periods from 31 to 120 days. However, the majority of students are hired for the summer months (June, July, August). Upon completing his/her professional education, the student may serve an extended active-duty assignment with the health agencies of HHS or other programs using PHS officers.

In *SRCOSTEP*, students are assisted financially during their final year of professional school in return for an agreement to work for the PHS after graduation. The student is appointed as an active-duty PHS officer during his/her senior year and receives monthly pay and allowances as an Ensign (O-1) grade officer. Additional support, in the form of tuition and fees, may be paid by the supporting OPDIV/Program. Following graduation, the student agrees to work for twice the time supported for the OPDIV/Program that provided the financial support.

Loan Repayment

The **Indian Health Service (IHS)** offers a Loan Repayment Program (LRP) to qualified health professionals who are committed to practice at an IHS site, i.e., an IHS facility, a tribal facility, or an urban facility funded under Title V of the Indian Health Care Improvement Act. For IHS purposes, 'health profession' means family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, and allied health professions. [*Marriage and family therapy, and chiropractic medicine do not qualify for the commissioned corps.*] LRP participants may enter into a service contract for 2 years. In Fiscal Year 2000, the IHS LRP paid participants up to \$20,000 per year. The LRP will pay an additional 20 percent annually to the Internal Revenue Service to offset the increased tax liability incurred by the participant. For further information on the IHS LRP, call 301-443-3396.

Loan Deferment

Educational loan repayment deferments for periods in the Armed Forces and the Commissioned Corps of the Public Health Service are no longer applicable to student loans made subsequent to July 1, 1993. Refinancing of loans made

prior to that date may also result in the loss of deferment entitlements. Status of any loans should be verified before assuming that a deferral will be authorized.

A Brief Summary of the Commissioned Corps Personnel System

Appointment Standards: The candidate must be a U.S. citizen, under 44 years of age, have earned a qualifying health professional degree from an accredited program, and must meet medical, suitability, and licensure / certification / registration requirements.

Assignments: An officer is subject to assignment wherever needed throughout the health agencies of HHS or other programs using PHS officers.

Promotion: Promotion eligibility in the PHS Commissioned Corps is based on education, experience, and length of time in service, and/or grade. Officers who are eligible for promotion are considered annually by specially constituted promotion boards.

Training: Training opportunities are based on the needs of the program to which the officer is assigned, and identifiable career development needs of the officer.

Salary: Salary, grade, and benefits correspond with the officer members of the other Uniformed Services. A basic feature of the Corps is its rank-in-officer concept, under which officers are compensated according to their grade.

Salary comprises two elements—basic pay (taxable) and allowances for quarters and subsistence (tax-free). Basic pay is determined by pay grade and accumulated years of creditable service in any of the Uniformed Services.

Grade and years of creditable service figure into special pay as well. Medical, dental, nurse, veterinary, engineer, scientist, and optometry officers *may be* eligible for special pays.

Leave:

- ! 30 calendar days of annual leave earned at the rate of 2½ days each calendar month. A maximum of 60 days may be carried over from calendar year to calendar year.
- ! Sick leave is granted when the officer needs healthcare services or is incapacitated by sickness, injury, pregnancy, or confinement. There is no sick leave accrued under the commissioned corps system.

Benefits:

- ! Retirement based on a 30-year career, with voluntary retirement vested in as few as 20 years.
- ! Social Security coverage.
- ! Active-duty healthcare is noncontributory with no out-of-pocket expenses for the active-duty member. Healthcare is an entitlement and therefore active-duty members do not have healthcare insurance as a condition of employment. PHS pays for active-duty medical treatment. Eligible family members may participate in the TRICARE medical and dental programs. For family member healthcare, there are out-of-pocket expenses.
- ! Low-cost Servicemembers' Group (Term) Life Insurance (up to \$200,000).
- ! Department of Veterans Affairs (VA) benefits, such as survivor and disability benefits, burial allowance, home loans, educational programs, etc.
- ! Use of Base/Post commissaries, exchanges, officers clubs, etc.

Separation: Officers leaving the commissioned corps under honorable conditions are eligible for benefits administered by the VA.

Retirement: The retirement system for commissioned corps officers is noncontributory. Benefits are calculated based on base pay and length of service. The system is structured on the basis of a 30-year career; maximum retirement pay (75 percent of *base* pay) is obtained at 30 years of service. However, officers who have completed 20 years of Corps service are eligible for retirement under certain conditions, including the proviso that their departure from the Corps will not adversely affect OPDIV/Program health programs. Retirement pay at 20 years of service is 40 percent of *base* pay. For each year of active duty above 20 years, retirement pay increases 3½ percent to the maximum of 75 percent for 30 years of service. Active-duty service in another Uniformed Service is creditable toward PHS retirement.



INFORMATION ON THE HEALTH AGENCIES OF THE PUBLIC HEALTH SERVICE



Agency for Healthcare Research and Quality

The *Agency for Healthcare Research and Quality (AHRQ)*, an OPDIV of HHS, is the lead agency charged with supporting research designed to improve the quality of healthcare, reduce its cost, and broaden access to essential services. AHRQ develops and disseminates research-based information to increase the scientific knowledge needed to enhance consumer and clinical decision making, improve healthcare quality, and promote efficiency in the organization of public and private systems of healthcare delivery.

Mission: AHRQ's mission is to help the Nation's healthcare system provide high-quality, cost-effective services; be accountable and responsive to consumers and purchasers; and improve Americans' health status and quality of life. AHRQ, the health services research arm of the Department, works closely with other Federal health agencies, including the National Institutes of Health—HHS' biomedical research component.

AHRQ carries out its mission by:

- ! Supporting and conducting research that creates the science base to guide improvements in both clinical care and the organization and financing of healthcare.
- ! Promoting the incorporation of science into practice through the development of tools for public and private decision makers at all levels of the healthcare system.
- ! Developing the data and information infrastructure to study and track the performance of the healthcare system and the needs of stakeholders.

AHRQ's Research Areas: Currently, AHRQ supports and conducts research and evaluation projects on eight major interrelated issues in healthcare: consumer choice; clinical improvement; healthcare cost, financing, and access; health information technology; outcomes and effectiveness of healthcare; healthcare organization and delivery; quality measurement and improvement; and practice and technology assessment.

Opportunities: Career potential in AHRQ is available for physicians with a masters degree (epidemiology, biostatistics, public health, or similar backgrounds); nurses (with a master of public health degree); scientists; pharmacists; engineers; epidemiologists; statisticians, and other health professionals.



Agency for Toxic Substances and Disease Registry

The *Agency for Toxic Substances and Disease Registry (ATSDR)* was created by Congress to implement the health-related sections of laws that protect the public from hazardous wastes or environmental releases of hazardous substances.

Mission: ATSDR's mission is to prevent exposure and adverse human health effects and diminished quality of life associated with exposure to hazardous substances from waste sites, unplanned releases, and other sources of pollution present in the environment. To carry out its mission and to serve the needs of the American public, ATSDR conducts activities in the following areas:

- ! **Public Health Assessments:** Evaluates data and information on the release of hazardous substances into the environment to assess any current or future impact on public health, develop health advisories or other health recommendations, and identify studies or actions needed to evaluate and mitigate or prevent health effects. ATSDR conducts health assessments for all waste sites on the National Priorities List and in response to petitions from concerned individuals and organizations.
- ! **Health Investigations:** Increases understanding of the relationship between exposure to hazardous substances and adverse human health effects, through epidemiologic, surveillance, and other studies of toxic substances and their effects.
- ! **Child Health Initiative:** Emphasizes child health in all of ATSDR's programs and activities, identifies new projects that benefit children, and solicits input from and disseminates information to other agencies and organizations.
- ! **Urban Health:** Addresses issues related to minority health, environmental justice, and "brownfield" sites.
- ! **Exposure Registry:** Establishes and maintains a registry of persons exposed to hazardous substances in the environment.
- ! **Emergency Response:** Provides health-related support to States, local agencies, and healthcare providers in public health emergencies involving exposure to hazardous substances, including health consultations on request and training for first responders.
- ! **Toxicological Profiles:** Summarizes and makes available to the public data on the health effects of hazardous substances, identifies significant gaps in knowledge, and initiates research in toxicology and health effects where needed.
- ! **Health Education and Promotion:** Develops and disseminates to physicians and other healthcare providers materials on the health effects of toxic substances, establishes and maintains a publicly accessible inventory of hazardous substances, and maintains a list of sites closed or restricted to the public because of hazardous contamination. Educates communities about the health effects of toxic substances and works with communities to develop and promote public health strategies to mitigate the health impact of toxic substances.
- ! **Applied Research:** Conducts or sponsors research to increase scientific knowledge about the effects on human health of hazardous substances released from waste sites or of other releases into the environment.

Opportunities: Career potential in ATSDR is available for biochemists; chemists; chemical, civil, environmental, and mechanical engineers; environmental health and environmental protection specialists; environmental scientists; epidemiologists; pharmacologists; toxicologists; and others with technical and professional skills in the physical and

biological sciences.



Centers for Disease Control and Prevention

The *Centers for Disease Control and Prevention (CDC)*, the Nation's prevention agency, is the lead agency of the PHS for prevention of unnecessary disease, disability, and premature death.

Mission: The mission of the CDC is the prevention of unnecessary disease, disability, and premature death caused by infectious diseases; chronic diseases; injury or disease associated with environmental, home, and workplace hazards; and controllable risk factors such as poor nutrition, smoking, lack of exercise, high blood pressure, stress, and drug misuse.

Epidemiologic Intelligence Service (EIS): The backbone of CDC's epidemiology opportunities for health professionals is the EIS. Unlike the traditional disease-specific CDC assignment, an EIS officer might be assigned to work from the offices of a local health department or a State agency, though many are stationed at CDC headquarters and the offices of CDC centers. Personnel selected for the EIS program gain experience in a wide range of areas. Among these are: infectious diseases, chronic diseases; environmental and occupational health; reproductive health and nutrition; injury control and prevention; and behavior risk epidemiology.

Programs: The mission of the *Epidemiology Program Office* is to strengthen the public health system by coordinating public health surveillance at CDC and providing domestic and international support through scientific communications, statistical and epidemiologic consultation, and training of experts in surveillance, epidemiology, and applied public health.

The mission of the *National Center for Chronic Disease Prevention and Health Promotion* is to prevent premature death and disability from chronic diseases and to promote healthy personal behaviors. The *National Center for Environmental Health's* mission is to promote a healthy environment and prevent premature death and avoidable illness and disability caused by environmental factors. The mission of the *Public Health Practice Program Office* is to strengthen the public health system by building an effective workforce, developing capacities of State and local health departments, developing a nationwide network for communicating information, and conducting research in public health practice.

Research and control of both endemic and epidemic infectious disease is the mission of the *National Center for Infectious Diseases*, where officers are used in both epidemiologic field investigation and laboratory-based work. A major focus of activity in recent years has been surveillance and epidemiology of emerging infections. In the *National Center for Health Statistics*, epidemiologists may be involved with the design and implementation of national health surveys aimed at learning more about the health status of the Nation.

Those intrigued by the latest developments in technical and training methodology may find rewarding the opportunity to work with medical schools, professional organizations, and local and national public agencies through CDC's *Public Health Practice Program Office*. The *National Center for HIV, STD, and Tuberculosis Prevention* is the focal point for all of CDC's surveillance, prevention, and epidemiological studies for these three illnesses. The *National Center for Injury Prevention and Control* uses epidemiological and other research methods to develop ways to reduce or prevent unintentional or intentional injuries outside the workplace.

At a CDC division concerned with the health and safety of American workers, the *National Institute for Occupational Safety and Health (NIOSH)*, officers perform epidemiologic, clinical and laboratory investigations, as well as consultations and training. Their activities range from investigating disasters in the workplace to instituting chronic disease studies requiring long-term observations. From its identification of work-related hazards and research in all areas of occupational safety and health, NIOSH makes recommendations to the Department of Labor's Occupational Safety and Health Administration though NIOSH itself is not a regulatory agency.

Opportunities: The CDC has a continual need for health professionals, including physicians, scientists, veterinarians, nurses, epidemiologists, pharmacists, biologists, chemists, dietitians, statisticians, computer scientists, environmental

health specialists, therapists, and engineers.



Food and Drug Administration

The *Food and Drug Administration (FDA)* touches the lives of virtually every American every day. For it is FDA's job to see that the food we eat is safe and wholesome, the cosmetics we use will not hurt us, the medicines and medical devices we use are safe and effective, and that radiation-emitting products such as microwave ovens will do us no harm. Feed and drugs for pets and farm animals also come under FDA scrutiny. FDA also ensures that all of these products are labeled truthfully with the information that people need to use them properly. FDA is one of our Nation's oldest consumer protection agencies. Its approximately 9,000 employees monitor the manufacture, import, transport, storage, and sale of about \$1 trillion worth of products (about 25 cents for each dollar spent by American consumers) each year. It does that at a cost to the taxpayer of about \$3 per person.

First and foremost, FDA is a public health agency, charged with protecting American consumers by enforcing the Federal Food, Drug, and Cosmetic Act and several related public health laws. To carry out this mandate of consumer protection, FDA has some 1,100 investigators and inspectors who cover the country's almost 95,000 FDA-regulated businesses. These employees are located in district and local offices in 157 cities across the country.

Investigators and inspectors visit more than 15,000 facilities a year, seeing that products are made right and labeled truthfully. As part of their inspections, they collect about 80,000 domestic and imported product samples for examination by FDA scientists or for label checks.

The scientific evidence needed to back up FDA's legal cases is prepared by the agency's 2,100 scientists, including 900 chemists and 300 microbiologists, who work in 40 laboratories in the Washington, D.C. area and around the country. Some of these scientists analyze samples to see, for example, if products are contaminated with illegal substances. Other scientists review test results submitted by companies seeking agency approval for drugs, vaccines, food additives, coloring agents, and medical devices.

FDA also operates the National Center for Toxicological Research at Jefferson, AR, which investigates the biological effects of widely used chemicals. The agency also runs the Engineering and Analytical Center at Winchester, MA, which tests medical devices, radiation-emitting products, and radioactive drugs.

Opportunities: Commissioned corps opportunities are available for physicians, pharmacists, dentists, scientists, nurses, environmental health officers, engineers, veterinarians, computer scientists, statisticians, and a variety of health professionals with skills and graduate education in the physical and biological sciences.



Health Resources and Services Administration

Mission and Vision: The programs administered by the *Health Resources and Services Administration (HRSA)* are designed to improve the health of the Nation by assuring that quality healthcare is available to underserved and vulnerable populations, and by promoting primary care education and practice.

HRSA will strive to achieve:

- ! Increased access to high-quality healthcare for populations which are disadvantaged and/or underserved;
- ! A catalytic role in promoting positive relationships among governmental and non-governmental organizations involved in meeting the healthcare needs of the Nation;
- ! An environment which is supportive of employee growth and professional development, which maximizes each employee's contribution to the agency's mission;
- ! A synergistic working relationship between HRSA organizational units that fully utilizes the strength of their diverse legislative mandates; and

! An environment which emphasizes flexibility in programmatic focus, to ensure that emerging underserved populations are promptly and accurately identified, and that changes in the healthcare needs of the populations HRSA serves are appropriately addressed.

Priorities: In keeping with the many changes shaping the Nation's healthcare delivery system, HRSA has identified eight program priorities which are consistent with HRSA's strategic plan and attempt to redirect priorities in ways that respond to the changing environment cutting across HRSA organizational lines to fully utilize the strengths of the OPDIVs. They include the following:

- **Academic-Community Educational Partnerships:** To build a culturally competent, diverse, and appropriately educated primary care workforce that responds to community requirements, HRSA can promote large-scale partnerships among academic health centers and community-based service providers, managed care organizations, community hospitals, and rural group practices so that clinical training can take place in community-based sites.
- **Managed Care:** To ensure that vulnerable populations continue to receive care appropriate to their special needs as States increase their utilization of managed care, HRSA can encourage traditional providers of public health services to integrate their services with those of managed care organizations and assist States in monitoring healthcare access and quality for poor, uninsured, rural, and chronically ill Americans.
- **State-Based Initiatives:** To promote healthcare services, particularly for underserved populations, as States assume more control over health resources, HRSA can collaborate with State and local agencies to redefine their roles in relation to public health capacity building; offer technical assistance to States for quality assurance and workforce development efforts; and develop innovative methods to promote partnerships with State agencies and enhance State health programming infrastructures.
- **Community Infrastructure Building:** To foster primary care infrastructure building, HRSA can promote the integration of community resources and delivery systems; provide assistance in performing community needs assessments; and disseminate information on replicating successful models for collaborative community efforts and for the training of community health workers.
- **Telecommunications Technology and Advanced Information Systems:** To improve the utility of information systems, HRSA can evaluate potential applications of telemedicine systems and distance-based education for rural providers and clinical training sites; help grantees link their client data with larger data sets; inform communities about Internet access to existing databases; promote the use of management information systems in the field; and help grantees develop technological skills and resources to participate in integrated systems of care.
- **Border Health:** To improve access to care for vulnerable populations in southern border areas, HRSA can continue building healthcare infrastructures; enhance efforts to develop an appropriate interdisciplinary healthcare workforce; and generate innovative methods for recruiting and training community health workers who can address health-related lifestyles and social issues.
- **Integrated HIV/AIDS Programs:** To integrate the broad array of services needed by individuals affected by HIV/AIDS, HRSA can evaluate models of integrated, cost-effective care and disseminate information on successful models; conduct research on integrated service needs, costs, utilization, and access using a uniform data set for Title I and Title II of the Ryan White Act; and ensure that healthcare educational curricula include competencies related to HIV/AIDS.
- **School Health and Adolescents:** To bring the school setting into integrated systems of care and to address the growing crisis of adolescent health problems, HRSA can develop school-based and school-linked services that are coordinated with community-based centers; enable children and adolescents to enroll in managed care organizations that provide access to care in school-related settings; and promote access for adolescents to services they are unlikely to find or seek in mainstream settings, such as drug and reproductive health counseling, mental health services, and sexually transmitted diseases and HIV testing.

Opportunities: HRSA has a continual need for health professionals, including physicians, scientists, nurses, epidemiologists, pharmacists, biologists, dietitians, statisticians, computer scientists, environmental health specialists, therapists, and engineers.



Indian Health Service

The *Indian Health Service (IHS)* is the principal Federal healthcare advocate and provider for approximately 1.5 million American Indians and Alaska Natives who belong to more than 550 Federally recognized tribes in 35 States. It is composed of 12 regional offices and a system of 49 hospitals, 221 health centers, 120 health stations, 160 Alaska village clinics, and 34 urban projects. It provides comprehensive healthcare services, including preventive, curative, rehabilitative, and environmental.

Mission, Goal, and Foundation:

The mission of IHS, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level.

The goal of IHS is to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all American Indian and Alaska Native people.

The foundation of IHS is to uphold the Federal government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of Tribes.

To carry out its mission and to attain its goal, the IHS:

- ! Assists Indian tribes in developing their health programs through activities such as health management training, technical assistance, and human resource development.
- ! Facilitates and assists Indian tribes in coordinating health planning; in obtaining and utilizing health resources available through Federal, State, and local programs; in operating comprehensive healthcare services; and in health program evaluation.
- ! Provides comprehensive healthcare services, including hospital and ambulatory medical care, preventive and rehabilitative services, and development of community sanitation facilities.
- ! Serves as the principal Federal advocate for Indians in the health field to ensure comprehensive health services for American Indian and Alaska Native people.

The IHS program is community oriented. The foundation of the program is a system of inpatient and ambulatory care facilities that the IHS operates on reservations and in American Indian and Alaska Native communities. The 49 hospitals range in size from 15 to 163 beds. Three of these—in Phoenix, AZ; Gallup, NM; and Anchorage, AK—also serve as referral, training, and research centers. In areas where the IHS does not have its own facilities, or is not equipped to provide a particular service, it uses contract providers.

Opportunities: The IHS has a continual need for health professionals, including physicians, pharmacists, nurses, nurse practitioners, physician assistants, dietitians, dentists, dental hygienists, occupational therapists, physical therapists, environmental health specialists, engineers, optometrists, medical technologists, medical records administrators, and social workers. Of the 14,700 healthcare personnel employed by the IHS, approximately 2,110 are commissioned officers. More than 35 percent of all PHS Commissioned Corps officers are assigned to the IHS—the largest number of any PHS

Operating Division.



National Institutes of Health

The *National Institutes of Health (NIH)* is the Federal government's principal biomedical research agency. NIH is composed of the Office of the Director, National Institute on Aging, National Institute of Allergy and Infectious Diseases, National Institute of Arthritis and Musculoskeletal and Skin Diseases, National Cancer Institute, National Institute of Child Health and Human Development, National Institute on Deafness and Other Communication Disorders, National Institute of Dental and Craniofacial Research, National Institute of Diabetes and Digestive and Kidney Diseases, National Institute of Environmental Health Sciences, National Eye Institute, National Institute of General Medical Sciences, National Heart Lung and Blood Institute, National Institute of Neurological Disorders and Stroke, National Library of Medicine, National Human Genome Research Institute, National Institute of Nursing Research, National Center for Research Resources, Fogarty International Center, Warren Grant Magnuson Clinical Center, Center for Information Technology, Center for Scientific Review, National Institute of Mental Health, National Institute on Alcohol Abuse and Alcoholism, National Institute on Drug Abuse, and National Center for Complementary Medicine.

Mission: NIH's mission is to conduct science in pursuit of knowledge to extend healthy life and reduce the burdens of illness. Its goals include fostering innovative research strategies designed to advance the Nation's capacity to improve health and providing the scientific base that will strengthen the Nation's capability for delivering more effective healthcare, thus enhancing the quality of life for its citizens. It works toward these goals: conducting research in its own laboratories on its Bethesda, MD, campus and at several other locations; by supporting research and research institutions throughout the U.S. and abroad; and by training scientists and fostering biomedical communication.

Opportunities: NIH staff includes all categories of health professionals under both the civil service and commissioned corps personnel systems, including about 6,000 doctoral-level scientists and trainees, of whom about 1,800 are physicians. Clinical and Research Associateships are offered through which physicians or dentists may participate in a research program under the direction of a preceptor. Associates are in daily contact with clinical and basic research scholars representing a variety of research interests.



Substance Abuse and Mental Health Services Administration

The *Substance Abuse and Mental Health Services Administration (SAMHSA)* was established by Congress on October 1, 1992 (Public Law 102-321) to strengthen the Nation's healthcare delivery system for prevention and treatment services for substance abuse and mental illness. SAMHSA's major program components include the Center for Mental Health Services, the Center for Substance Abuse Prevention, and the Center for Substance Abuse Treatment.

Mission: SAMHSA's unique mission is to provide national leadership and partnership with all individuals and organizations concerned with substance abuse and mental illness in order to:

- ! Support prevention and early intervention and promote health.
- ! Develop, identify, evaluate, disseminate, and promote effective policies and high-quality, appropriate services at the lowest realistic cost, and with the best possible outcomes.
- ! Assure and improve access to needed services.
- ! Support recognition that two or more of these conditions often co-occur in the same individual, and that prevention and treatment service systems must provide for necessary coordination of services according to the needs of the individual.
- ! Eliminate stigma and discrimination against persons with these health conditions.

Opportunities: SAMHSA employs health professionals and administrators who primarily serve as public health advisors or public health analysts. These positions generally require a masters degree or equivalent professional knowledge in health, public health administration, psychology, sociology, social work, nursing, medical science, or other fields related to mental health, substance abuse, or health and social services. Other occupations such as computer specialist, grants management specialist, psychologist, pharmacist, therapist, and physician are also employed.



NON-PHS AGENCIES WHERE OFFICERS ARE ASSIGNED

PHS Commissioned Corps health professionals are frequently assigned to challenging healthcare and public health positions in other Federal programs, including:

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| ! | Federal Bureau of Prisons | ! | U.S. Coast Guard |
| ! | Environmental Protection Agency | ! | Health Care Financing Administration |
| ! | Immigration and Naturalization Service | ! | National Oceanic and Atmospheric Administration |
| ! | National Park Service | ! | U.S. Marshals Service |
| ! | District of Columbia Commission on Mental Health Services (formerly St. Elizabeths Hospital) | | |



Federal Bureau of Prisons

Mission: The mission of the *Federal Bureau of Prisons (BOP)* is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, and appropriately secure, and which provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens.

Core Values: BOP recognizes that staff members are the most valuable resource in accomplishing its mission, and is committed to the personal welfare and professional development of each employee. A concept of ‘family’ is encouraged through healthy, supportive relationships among staff and organization responsiveness to staff needs. The active participation of staff at all levels is essential to the development and accomplishment of organizational objectives.

BOP maintains effective security and control of its institutions utilizing the least restrictive means necessary, thus providing the essential foundation for sound correctional management programs. All BOP staff share a common role as a correctional worker which requires mutual responsibility for maintaining safe and secure institutions and for modeling society’s mainstream values and norms. BOP firmly adheres to a set of values that promotes honesty and integrity in the professional efforts of its staff to ensure public confidence in the Bureau’s prudent use of its allocated resources.

Recognizing the inherent dignity of all human beings and their potential for change, the BOP treats inmates fairly and responsibly and affords them opportunities for self-improvement to facilitate their successful re-entry into the

community. The Bureau further recognizes that offenders are incarcerated *as* punishment, not *for* punishment.

BOP is a career oriented service which has enjoyed a consistent management philosophy and a continuity of leadership enabling it to evolve as a stable, professional leader in the field of corrections. BOP recognizes and facilitates the integral role of the community in effectuating the Bureau's mission, and works cooperatively with other law enforcement agencies, the courts, and other components of government.

BOP requires high standards of safety, security, sanitation, and discipline which promote a physically and emotionally sound environment for both staff and inmates.

Facilities and Services: BOP presently operates more than 100 institutions with plans for additional expansion, and offers employees progressive career development options. Healthcare professionals work for the Health Services Division.

There are six medical referral facilities which provide for the special medical needs of the offender, such as major surgery, psychiatric care, and medical evaluation. In addition, the medical services program provides for outpatient visits, inpatient admissions, follow-up physical examinations, vision refractions, laboratory tests, minor surgical services, x-ray, consultant visits, dental examinations and care, daily sick call, medications, and other healthcare services.

The Occupational Safety and Environmental Health Program is a vital part of the Health Services Division. Safety managers are assigned to each facility to provide safety training, inspections, and to direct an Environmental Health Program at each location. Issues addressed include sewage disposal, hazard abatement, and environmental protection.

Opportunities: The Health Services Division of the BOP employs physicians, physical and occupational therapists, medical technologists, dental hygienists, hospital administrators, physician assistants, pharmacists, dentists, nurses, nurse practitioners, psychologists, dietitians, medical record administrators, industrial engineers, environmental health specialists, and vocational and occupational specialists. Opportunities are available in both the civil service and commissioned corps personnel system.



United States Coast Guard

The *U.S. Coast Guard (USCG)* is the smallest of the five armed services with nearly 35,000 active-duty personnel. The healthcare program supports a total beneficiary population of more than 150,000 active-duty members, dependents, and retirees.

Facilities and Services: The Coast Guard's healthcare program delivers out-patient family oriented primary care. It includes 32 shore-based medical and dental facilities staffed with PHS commissioned medical, nurse practitioners, dental, pharmacy, and health service officers as well as Coast Guard physician assistants and enlisted health services technicians.

Most clinics are staffed with one or two medical officers and one or two dental officers, with larger facilities billeted for three to six officers. Patients requiring hospitalization are referred to either Military Treatment Facilities or civilian hospitals. There are approximately 55 PHS commissioned physicians and approximately 55 PHS commissioned dentists detailed to the Coast Guard.

The medical needs of the Coast Guard require that physicians be trained to provide a broad range of healthcare. The majority of physicians practicing in the Coast Guard have specialty training in family medicine, but the program also has physicians trained in internal medicine, psychiatry, pediatrics, preventive and occupational medicine, and aerospace medicine.

Assignments: Currently, Coast Guard assignments for PHS healthcare personnel are shore-based. It is possible however, to get sea duty for short assignments of a special nature. Dental officers may receive training in advanced general practice.

Medical officers who have not completed a residency may receive program support to pursue postgraduate training in family medicine while on active duty. Other specialities are considered on a case-by-case basis.

The normal tour length for PHS officers detailed to the Coast Guard is 5 years, with tour variations between 3 and 6 years depending on the individual's preference and the Coast Guard's needs. Generally, newly assigned officers will be placed at one of three major facilities: U.S. Coast Guard Academy, New London, CT; Coast Guard Training Center, Cape May, NJ; or the Coast Guard Support Center, Kodiak, AK. Other clinics are located along the East, West, and Gulf Coasts, and in Alaska, Hawaii, and Puerto Rico.

Although PHS officers are detailed to the Coast Guard on PHS personnel orders, they are considered military officers of the armed forces, and are subject to all applicable laws, regulations, and policies, including all provisions of the Uniformed Code of Military Justice.

Opportunities: The Coast Guard employs active-duty PHS commissioned officers and Coast Guard enlisted and civil service health professional personnel. Although the majority of healthcare providers are PHS physicians and dentists, the Coast Guard also employs sizable numbers of PHS pharmacists and health service officers. Physician assistants (mid-level providers) presently are primarily personnel in the Coast Guard, but some mid-level providers are PHS officers detailed to the Coast Guard.



Environmental Protection Agency

The *U.S. Environmental Protection Agency (EPA)* is a regulatory agency responsible for implementing the Federal laws designed to protect the environment. EPA accomplishes its mission by integrating a variety of complex research, monitoring, standard setting, and enforcement activities. As a complement to its other activities, the EPA coordinates and supports research and anti-pollution activities of State and local governments, private and public groups, individuals and educational institutions. The EPA also monitors the operations of other Federal agencies with respect to their impact on the environment.

Program Areas–

Water: EPA's mission is to reduce the volume of pollutants discharged into our Nation's waters so that public health and aquatic life are protected. The Office of Water is responsible for the agency's water quality activities including development of national programs, technical policies, and regulations relating to drinking water, water quality, ground water, pollution source standards, and the protection of wetlands, marine, and estuarine areas.

Research and Development: The Office of Research and Development (ORD) is the principal scientific and research arm of the EPA. ORD conducts research and fosters the use of science and technology in fulfilling EPA's mission. ORD is organized into three national laboratories and two national centers located in a dozen facilities around the country and in Washington, DC.

Air and Radiation: The Office of Air and Radiation (OAR) deals with issues that affect the quality of our air and protection from exposure to harmful radiation. In addition, the OAR oversees the air and radiation protection activities of the agency including national programs, technical policies, and regulations.

Solid Waste and Emergency Response: EPA is committed to protecting public health and the environment from the dangers of hazardous wastes. EPA regulates the management of current and future hazardous waste streams and responds to environmental contamination caused by past mismanagement of hazardous wastes. EPA's emergency response and remedial response program consists of removal actions designed to stabilize dangerous sites and minimize immediate risks, and remedial actions to design long-term solutions for sites of greatest threat to public health and the environment.

Prevention, Pesticides, and Toxic Substances: Evaluates pesticides and chemicals to safeguard all Americans, and regulates the use of all pesticides in the U.S. and establishes maximum levels for pesticide residues in food, thereby safeguarding the Nation's food supply.

Office of Enforcement and Compliance Assurance: EPA has statutory responsibility for enforcing most of the environmental regulations the agency develops. EPA encourages voluntary compliance and oversees the enforcement activities of State and local governments.

EPA has its headquarters in Washington, DC, and regional offices in 10 major cities; Boston, New York, Philadelphia, Atlanta, Chicago, Dallas, Kansas City, Denver, San Francisco, and Seattle. The agency maintains major research and development programs at Las Vegas, NV; Research Triangle Park, NC; Cincinnati, OH; Ada, OK; and Corvallis, OR.

Opportunities: PHS has had a longstanding relationship with the EPA, providing professionals on detail to the agency. PHS Commissioned Corps career opportunities in the EPA are available for individuals with technical and professional skills in the physical and biological sciences, such as chemical, civil, environmental, and mechanical engineers; computer specialists; environmental protection specialists; environmental scientists; epidemiologists; pharmacologists; sanitarians; toxicologists; and veterinarians. Civil service career opportunities also exist for biologists, chemists, hydrologists, geologists, and mathematicians.



Health Care Financing Administration

The *Health Care Financing Administration (HCFA)* is the Federal agency that administers Medicare, Medicaid, and the State Children's Health Insurance Program (SCHIP). HCFA provides health insurance for more 74 million Americans through Medicare, Medicaid, and SCHIP. The majority of these individuals receive their benefits through the fee-for-service delivery system; however, an increasing number are choosing managed care plans.

In addition to providing health insurance, HCFA also performs a number of quality-focused activities, including regulation of laboratory testing, surveys and certification of healthcare facilities (including nursing homes, home health agencies, intermediate care facilities for the mentally retarded, and hospitals), development of coverage policies, and quality-of-care improvement.

To ensure public and expert involvement in running the programs, HCFA maintains a number of chartered advisory committees. These committees, whose meetings are open to the public, are used to provide advice or make recommendations on a variety of issues relating to HCFA's responsibilities and activities.

HCFA's special projects and initiatives include the Special Outpatient Prospective Payment Alert, HCFA's Results from the American Customer Satisfaction Index, Medicare Integrity Program, Fraud and Abuse, and State Health Reform.

The Department's initiatives in which HCFA is involved include: the Americans with Disabilities Act and Olmstead; Ticket to Work and Work Incentives Improvement Act of 1999; Performance Measurement; Insurance Reform; "Health Insurance Portability and Accountability Act;" and Administrative Simplification, including the National Health Plan ID; and National Provider Identifier.

Opportunities: Opportunities are available in HCFA for physicians, nurses, dietitians, dentists, pharmacists, engineers, therapists, scientists, and health service officers. HCFA expertise could prove extremely valuable for health professionals interested in the many rapidly growing fields involved in healthcare finance.



Immigration and Naturalization Service

The Division of Immigration Health Service (DIHS) serves as the primary focus for the planning, management, policy formulation, program coordination, direction, and liaison for all health matters pertaining to undocumented migrants detained by the *Immigration and Naturalization Service (INS)*. The Division supports the mission of the INS by providing or arranging cost-effective health service for the delivery of direct primary healthcare at INS Service Processing Centers or at locations throughout the Nation where INS detainees are being held. DIHS also provides medical consultation, technical assistance to INS on detainee's healthcare, provides medical escorts for international and domestic air transport operations, and deploys medical teams with INS on domestic and international missions.

Mission: Promote global disease prevention through the delivery of primary healthcare to detainees.

Spirit: This Division adds dignity to a necessary process of alien detention, serving without fanfare at the forefront of public health protection for the American populace.

Values: The most important of our organizational values are the men and women—PHS commissioned officers, civil service employees, and contractors—who perform our vital public healthcare.

The Division includes everyone in decisions which affect the entire organization, affording each employee the opportunity to express his or her voice on these important matters, and expecting that they will contribute their best thinking for the good of the whole. Finding new and improved ways of doing the work is vital to any organization. The Division places high value on creativity and willingness to seek better solutions, and to continuously improve mission accomplishments with the available resources.

History: PHS' relationship with INS dates back to 1891 when the Immigration Act authorized PHS to examine and quarantine immigrants at Ellis Island. Since 1985 the INS Detention and Deportation Branch has had an interagency agreement with the Bureau of Primary Health Care, Health Resources and Services Administration, to provide healthcare personnel to staff the INS' DIHS and provide other measures of healthcare support.

In recent years, the Nation has experienced a growing influx in the numbers of individuals seeking to immigrate to the U.S. The continuing impact of this on the Division is evident in the fact that the Division operated in 1995 with a staff of 68 full time equivalents (FTEs), and has grown to more than 260 FTEs in the year 2000.

Opportunities: The Division offers career potential for a wide array of health professionals. They employ health service administrators, physicians, nurses, physician assistants, dentists, nurse practitioners, psychologists, dietitians, and registered health information administrators. It is expected that these opportunities will continue to grow as the Division expands to meet the varied needs of the INS.

Locations: Division personnel are located throughout the country. Employment opportunities are in the following States, districts, and territories: Puerto Rico; New York; New Jersey; Arizona; Texas; California; Florida; Louisiana; Pennsylvania; New Hampshire; Kansas; Missouri; and the District of Columbia.



National Oceanic and Atmospheric Administration

The *National Oceanic and Atmospheric Administration (NOAA)* is a major Federal scientific agency. Under the auspices of the Department of Commerce, NOAA's mission is to conduct research and gather data about the global oceans, atmosphere, and space. This knowledge is then applied to science and services that touch the lives of all Americans. NOAA predicts changes in the earth's environment, forecasts weather patterns and warns of dangerous weather, charts our seas and skies, and guides our use and protection of ocean and coastal resources to improve our understanding and stewardship of the environment.

Through the Office of Marine and Aviation Operations, NOAA maintains a fleet of 15 research vessels that operate worldwide, as well as a number of diverse aircraft that fly in support of NOAA missions. Vessels are based in Woods Hole, MA, Norfolk, VA, Charleston, SC, Pascagoula, MS, San Diego, CA, Seattle, WA, and Honolulu, HI. The NOAA Aircraft Operations Center is based at MacDill AFB in Tampa, FL.

NOAA Corps officers are intimately familiar with the agency's operational needs. In addition to managing and operating ships and aircraft, these officers are also scientists and engineers, many with advanced degrees. Their experiences are far ranging including serving as ship deck officers or aircraft pilots to such activities as coordinating remote diving operations, leading mobile field parties, often serving as chief scientists, and working shore side within various program offices. These individuals provide NOAA with a cadre of officers who have a blend of operational, management, and technical skills that support NOAA's programs at sea, in the air, and ashore.

The Public Health Service (PHS) has the statutory responsibility to provide healthcare services to NOAA Corps officers and their dependents, active-duty NOAA Wage Marine personnel, and certain retirees and their dependents. PHS officers detailed to NOAA may have temporary or permanent shore-based or shipboard assignments. Temporary assignments are from 6 to 24 weeks, with most tours lasting from 6 to 8 weeks. Shore side assignments are generally for 3 years; shipboard assignments are generally for 2 years. Contiguous assignments to different commands within the organization may be made whereby an officer can remain detailed to NOAA for 6 to 8 years if desired.

Opportunities: The PHS Commissioned Corps details physicians, nurses, nurse practitioners, and physician assistants for NOAA's Health Services Program. These PHS officers provide comprehensive care to NOAA Corps officers and their dependents, active-duty NOAA Wage Marine personnel, and a variety of other embarked personnel. PHS officers may also become involved in shipboard operations, diving duties, scientific missions, and aircraft operations.



National Park Service

In an Act of Congress signed on August 25, 1916, the *National Park Service (NPS)* was established to preserve unimpaired the natural and cultural resources and values of the national parks for the enjoyment, education, and inspiration of this and future generations. The NPS cooperates with partners to extend the benefits of natural and cultural resource conservation and outdoor recreation throughout this country and the world.

The NPS administers more than 378 national parks, monuments, historic sites, and other areas covering almost 80 million acres. The NPS has a strong commitment to the public health of the approximately 300 million annual visitors and thousands of park employees in its 378 areas. This commitment is demonstrated by its utilization of 14 full-time Public Health Service (PHS) Commissioned Corps officers service-wide, who provide public health consultation in all NPS activities involving visitors and staff. In addition to the 14 PHS officers, all of whom are stationed in NPS regional offices, some of the larger parks hire full-time public health professionals.

In all activities, PHS officers' actions are consultative in nature. The NPS owns and operates more than 1,500 water systems. The PHS officers assist in plan review, and reviews of the operation and maintenance of these systems. The NPS operates a wide variety of wastewater facilities from pit privies, septic tanks, and drainfields, to advanced wastewater treatment plants, and wastewater lagoon systems. In addition, PHS officers inspect the numerous food service and selling facilities, ethnic festivals, and other special events within parklands. The PHS officers are frequently requested to assist with vector control, such as West Nile Virus, Lyme disease, hantavirus, etc. Other areas of consultation include bathing beaches; swimming pools; hot-tubs and spas; backcountry operations; Job Corps evaluations; engineering plan reviews; special events support; outbreak investigations; training; and emergency responses.

Opportunities: Presently include primarily environmental health officers and engineers.

CMHS Commission on Mental Health Services (Formerly St. Elizabeths Hospital)

The *Commission on Mental Health Services (CMHS)* continues to make progress toward their goal: to establish a community-based system of care for the mentally ill of the District of Columbia. This system offers a full range of services, and currently includes two community mental health centers, and a 700-bed hospital for inpatient care. Over the next several years, this system will evolve to offer more options for care in the least restrictive environments possible.

Opportunities: CMHS employs approximately 75 commissioned officers in several categories. Dietitians, pharmacists, psychiatrists, environmental health specialists, social workers, nurses, and physicians find challenging assignments at CMHS. All positions provide direct patient care to indigent patients.



The United States Marshals Service

The *United States Marshals Service (USMS)*, an agency of the Department of Justice (DOJ), is the oldest law enforcement agency in the country, created more than 200 years ago by the first Congress in the Judiciary Act of 1789. The agency's five-fold mission is to protect the Federal courts and ensure the effective operation of the judicial system; conduct and investigate fugitive matters; provide for the security, health, and safety of government witnesses and their immediate dependents whose lives are in danger as a result of their testimony; offer for sale to the public, property which has been forfeited under laws enforced or administered by the DOJ; and house and transport prisoners from the time they are brought into Federal custody until they are either acquitted or delivered to their designated Federal prison. The agency maintains a daily pretrial Federal prisoner population of approximately 33,000.

The agency administers the Justice Prisoner and Alien Transportation System (JPATS), which transports prisoners throughout the U.S. and internationally, and deports illegal aliens. In Fiscal Year 1999, JPATS moved more than 230,000 prisoners and illegal aliens.

The Office of Interagency Medical Services (OIMS), at USMS headquarters, is responsible for infectious disease policy development and implementation, managed care demonstration projects, and other cost savings initiatives and prisoner case management and field assistance.

Public Health Service (PHS) commissioned officers work in four USMS program areas. They serve as flight nurses aboard the JPATS aircraft; they coordinate the JPATS movement of prisoners with health problems; they manage prisoner healthcare issues in the OIMS; and they provide medical support to the USMS Special Operations Group, an elite group of highly trained Deputy U.S. Marshals who respond as teams to national emergencies and perform special law enforcement missions.

Opportunities: The PHS Commissioned Corps details nurse officers to the prisoner healthcare programs and the USMS Special Operations Group. Opportunities for other PHS categories, such as engineers and Health Services Officers, may be available in the future.





**For further information about the Public Health Service Commissioned Corps
and/or to receive an application packet –**

Our mailing address is:

**U.S. Public Health Service
Division of Commissioned Personnel
Recruitment and Assignment Branch
5600 Fishers Lane, Room 4A-18
Rockville, MD 20857-0001**

Contact us by phone using the following toll-free number:

1-877-463-6327, listen to the prompts, select option #1, dial 43360

Our commercial phone number is: 301-594-3360

Contact us by e-mail: recruit@psc.gov

Visit our web site:

**For more information, and to access application forms you can download,
visit the Division of Commissioned Personnel's web site – <http://dcp.psc.gov>
Follow the links to – 'Commissioned Corps Web Site'**

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